

BEST AVAILABLE COPY



ANNEXURE 7
INTERNATIONAL
AIR WAY BILL

OVERNITE EXPRESS LIMITED

Overnite House, East Park Road, New Delhi - 110 005, India
Phone : + 91-11-3510131 (10 Lines)
Fax : + 91-11-3516164 / 7534985 • E-mail : oelint@vsnl.com

DATE 10/9

ORIGIN	Delhi
DESTINATION	U. S. A.

SHIPPER'S NAME:	Amedish K. Pal
ADDRESS:	194 Vaishali
CITY:	Delhi
PHONE / FAX:	
PIN:	110034
COUNTRY:	INDIA

CONSIGNEE'S NAME:	DR. RANESH BHATTIA
ADDRESS:	APT-120
CITY:	DAVIS
PHONE / FAX:	
ZIP CODE:	CA 95615
COUNTRY:	U.S.A.

NO. OF PCS:	1
CONTENTS-DESCRIPTION	NO. 1000

1) I hereby declare:
a) That this consignment does not contain personal mail, currency notes, jewellery, contraband etc.
b) That I have read the terms & conditions of carriage as given on reverse of the Shipper's Copy of Air Waybill and abide by the same.
2) I hereby authorise Overnite Express Ltd. or its associates to get the customs clearance of my consignment done on my behalf.

SENDER'S NAME SIGNATURE

90043942		
ACTUAL WEIGHT	CHARGED WEIGHT	DIMENSIONS (L x B x H) Cms.
	500gm	
PAYMENT MODE		
CASH 1	CREDIT 2	TO-PAY
C. C. NO.		

CHARGES	AMOUNT	RUPEES IN WORDS
SERVICE CHARGE	500/-	
SERVICE TAX	25/-	
TOTAL	525/-	

RECEIVED BY OVERNITE EXPRESS LIMITED

SHIPPER'S SIGNATURE 10/9 SHIPPER'S COPY

THANKS FOR USING OVERNITE EXPRESS

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: ASST COMMISSIONER OF PATENTS (ATTN: OFFICE OF PETITIONS) BOX 2A 6000 WASHINGTON RECEIVED</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 7001 2510 0008 0444 5896</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, August 2001</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

102595-02-M-1035

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Anandish Kumar Pal
c/o Ramesh Bhatia
707 Syamore Ln. #120
Davis, CA 95616

03



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DAVIS PO
DAVIS, California
956169998

09/16/2002 (800)275-8777 02:22:37 PM

Sales Receipt			
Product	Sale	Unit	Final
Description	Qty	Price	Price
WASHINGTON DC 20231			\$0.50
First-Class			
Return Receipt			\$1.75
Certified			\$2.30
Label Serial #: 70012510000804445896			
=====			
Issue PVI:			\$4.65

Total: \$4.65

Paid By:
Cash \$4.65
Change Due: \$0.00

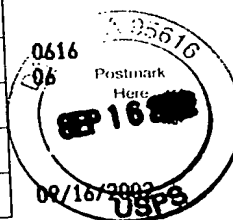
Bill #: 1000600777956
Clerk: 06

Refunds only per DMH P014
----- Thank you for your business
Customer Copy

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

WASHINGTON DC 20231

Postage	\$ 0.60
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 4.65



See To: Assist. Comm. For Patents
Street, Apt. or PO Box No. Office of Petitions
City, State, ZIP+4 Box O&E
Washington DC 20231

PS Form 3800, January 2001

See Reverse for Instru